24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	
	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Freedomworks, Inc.	M M / D D / Y Y Y Y
Mailing Address 400 N Capitol St., NW	04 15 2014 Amount
Suite 735	Amount
City State Zip Code	18.94
Washington DC 20001	Transaction ID : SE.27011 Date of Disbursement or Obligation
Purpose of Expenditure IE-Birman-Email/Social Media/Printing Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 07
IGOR A BIRMAN Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 290.03	ursement For: X Primary General Other (specify) ▶
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW	04 16 2014
400 N Capitor Ga, NV	Amount
Suite 735 City State Zip Code	2.28
Washington DC 20001	Transaction ID : SE.27012 Date of Disbursement or Obligation
Purpose of Expenditure IE-Birman-Email/Social Media/Printing Category/ Type 004	04
Name of Federal Candidate Support Office	ce Sought:
IGOR A BIRMAN Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb. 201-	oursement For: X Primary General Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	21.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	05
Signature	